



Medicare Advantage/Part D Plan Disclaimer

Client Name: _____

I have requested the Benefit Specialist's assistance discussing my options for a Medicare Advantage or Part D plan. I fully understand that I am completely responsible for my coverage selection.

I understand that the accuracy of the Medicare Planfinder depends upon the information given to the Center for Medicare and Medicaid Services, which is provided by the plans, as well as information I have provided to the Benefit Specialist regarding my medications. The Medicare website is subject to revision and/or error, and is not a guarantee of pricing or prescription coverage.

☐ I have been informed that the most accurate information is available by contacting the plan directly.

The Benefit Specialist's enrollment assistance into a plan is not a recommendation as to which plan is best for me. I have selected the plan that I believe best suits my needs and budget. I take full responsibility for this choice.

I understand that any and all follow-up matters with this plan are my responsibility. If I have reason to believe that the enrollment did not go through for some reason, I will notify the plan and the Benefit Specialist immediately. **I understand that all enrollments must be made by December 7, 2020.**

I acknowledge that participants can generally only change plans once per year during the Annual Enrollment Period (AEP). By enrolling in this plan now, I understand that, absent a special enrollment period, I will probably have to stay in this plan for a year before I can drop or switch plans again.

☐ I will enroll myself.

☐ I request enrollment assistance into _____ (name of plan)

Client Signature

Date

Disability Benefit Specialist Signature

Date